PTO/SB/06 (08-03)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it of PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Asplays a valid OMB control number. OCO 100 100 100 100 100 100 100 100 100 10			
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY			OTHER THAN SMALL ENTITY		1 ·	
FOR BASIC FEE	NUMBER FILE	D NUM	BER EXTRA	┚┖	RATE	FEE	7	RATE	FEE	7	
(37 CFR 1.16(a))				Π		1.	OR	10.75	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	
TOTAL CLAIMS (37 CFR 1.16(c))	minus	20		1 x		 	┥ ┈	 	 •	-	
NDEPENDENT CLAIMS 37 CFR 1.16(b))	minus	, . ·		1 -		 	→ OR	X 8	 		
			·	× *	<u> </u>	╂	→ OR	x:=		վ-	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					:		OR	+5=			•
* If the difference in column 1 is less than zero, enter "O" in column 2.					FOTAL	Ŀ	OR	TOTAL		7	
CLAIM	S AS AMENDE	D - PART II					_		• • • • • • • • • • • • • • • • • • • •	1	
	olumn 1)	(Column 2)	(Calumn 3)		SMALL	ENTITY	OR	OTHE SMALL	R THAN ENTITY		
RE.	CLAIMS MAINING AFTER ENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL		.i
Total AME Total AITOR 1.16(c) Independent (DI CR 1.16(c))	Minus Minus	124	-	X S.	25.	/	OR	x50	FEE	1	;
☐ (37 GR 1.14(1.3)		<u> </u>	<u> "/</u>	× 1/	100=		OR	x 200.	/	7.	.:
FIRST PRESENTATION	of multiple depend	DENT CLAIM (37 (FR 1.15(d))	+5	180_		OR	+,360/		1	
				TOT	AL IL FEE	1	1	TOTAL		1	
RCE "CO	umn 1)	/C-1 21		~~	LICE	L	j or	ADO'L FEE	L	┨	
CI CI	AIMS	(Column 2) HIGHEST	(Cotumn 3)				٦		-	1	•
16 06 AME	MAINING FTER NOMENT	PREVIOUSLY PAID FOR	PRESENT EXTRA	Ŕ	ATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL	77	
10(8) (37 O'R 1,16(c))	q Minus	24	•	X s	25.		OR	x:50.	"FEE"	1.	
Independent (37 CFR 1.16(b))	2 Minus	" 3_	= /		ω.	,	1			1	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						-	OR	x: <u>200</u> .		'	· • •
	who far or oct 640	CALL COSM (37 CI	rk 1.15(0))	TOTA			OR	+,360.			
(Cot.	mn 1)	(Column 2)	(Column 3)	ADO	LFEE [OR	ADOLFEE	· <u> </u>	-	·•.
REM	AIMS AINING TER DMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADOI- TIONAL		RATE	ADDI	u i	· .
Total (3) CPR 1.14(s) Independent (3) CPR 1.14(s)	Minus	**	-			-FEE		·	FEE		The :
Independent (3) CFR 1.16(u)	Minus	•••	-	× 1			OR	X S=	3 .	 	1
		•	<u> </u>	X 8_			OR	X \$=	· ;		- ٠
FIRST PRESENTATION OF	MULTIPLE DEPENDE	ENT CLAIN (37 CF	R 1.36(d))	+s TOTA			OR	+ 1 - =-			
* If the entry in column 1	s less than the arts	in onkura 3 v =t	. 400 do ant -	ADD'L			OR	TOTAL ADOLFEE	.,, <u>.,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		• •
If the Highest Number I If the Highest Number F	TRUMINISIV POIN EAP	IN THIS COACE			-		- }		hasi Member T. Sasi Member T.		